

Best Available Copy

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION	IT	05607	9/21/99
O.I.P.E. CLASSIFIER	CG	10 730 99	10 730 99
FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected N  
 Allowed I  
 (Through numeral) Canceled A  
 Restricted O

Non-elected  
 Interference  
 Appeal  
 Objected

Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1				51				101			
2				52				102			
3				53				103			
4				54				104			
5				55				105			
6				56				106			
7				57				107			
8				58				108			
9				59				109			
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42				92				142			
43				93				143			
44				94				144			
45				95				145			
46				96				146			
47				97				147			
48				98				148			
49				99				149			
50				100				150			

If more than 150 claims or 10 actions  
staple additional sheet here

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